

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/20/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155077		(X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2011	
NAME OF PROVIDER OR SUPPLIER LAKEVIEW MANOR INC				STREET ADDRESS, CITY, STATE, ZIP CODE 45 BEACHWAY DRIVE INDIANAPOLIS, IN46224			
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F0000	<p>This visit was for the Investigation of Complaint IN00091856.</p> <p>Complaint IN00091856 substantiated, federal/state deficiencies related to the allegations are cited at F 441 and F 502.</p> <p>Survey dates: June 12, 13, and 14, 2011</p> <p>Facility number: 000032 Provider number: 155077 AIM number: 100273330</p> <p>Survey team: Joyce Hofmann, RN</p> <p>Census bed type: SNF: 20 SNF/NF: 128 Total: 148</p> <p>Census payor type: Medicare: 24 Medicaid: 102 Other: 22 Total: 148</p> <p>Sample: 4</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p>			F0000	<p>Submission of this Plan of Correction does not constitute an Admission or an agreement by the provider of the truth of facts alleged or corrections set forth on the statement of deficiencies. The Plan of Correction is prepared and Submitted because of State and Federal law. Please accept this Plan of Correction as our credible allegation of compliance</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Quality review completed 6/19/11 Cathy Emswiller RN						

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F0441 SS=D	<p>The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.</p> <p>(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections.</p> <p>(b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>Based on observation and record review, the facility staff failed to wash their hands between glove changes and before exiting a resident's room, failed to use a sterile gauze to pat and cleanse the open wound,</p>			F0441	<p>Resident # B was affected. Resident #B was not harmed. The nurse was re-educated immediately on infection control practices. All residents receiving treatments have the potential to be affected. The</p>		07/08/2011

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	<p>failed to cleanse scissors prior to and after usage, and failed to remove a soiled donned glove before exiting the resident's room for 1 of 4 residents observed during dressing changes and infection control in a sample of 4. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 06/13/2011 at 12:10 p.m. and indicated the resident was admitted to the facility on 01/31/2008 and had diagnoses which included, but were not limited to, cellulitis, right below the knee amputation, peripheral vascular disease, carotid stenosis, atrial fibrillation, and history of osteomyelitis of the left ankle and methicillin resistant staphylococcus aureus [MRSA].</p> <p>Physician notes dated 03/30/2011 indicated Resident #B had developed an "open sore again over his lateral left ankle. He has had this before. Hx [History] staph osteomyelitis [infection in the bone] in past...."</p> <p>The most recent physician's order for treatment dated 05/04/2011 indicated to discontinue the Silvadene to the left ankle and a new order was to cleanse the wound to the left ankle with wound cleanser, apply Santyl, cover with 4 x 4 gauze, and</p>				<p>facility's Clean Dressing Change Procedure was reviewed and revised. All nursing staff were in-serviced on hand washing and glove use on 6/20/11. (Attachment A) All nurses were in-serviced on the Clean Dressing Procedure on 6/20/11, (Attachment B). All nurses will complete dressing change skills check off's to ensure proper infection control practices are followed by 7/8/11.</p> <p>The DON or designee will complete an audit tool, (Attachment C), daily on regularly scheduled days for 4 weeks, then twice weekly for 4 weeks, then weekly for 4 weeks, then monthly for 9 months to ensure treatments are completed per facility policy.</p> <p>Any findings and subsequent disciplinary action will be reviewed by the DON during the facility's Quality Assurance meetings and the plan of action adjusted accordingly.</p> <p>Completion date July 8, 2011</p>		

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	wrap with Kerlix daily and as needed. Resident #B was observed for dressing change treatment on 06/13/2011 at 11:40 a.m. with LPN #1 providing the treatment and the Director of Nursing [DoN] observing also. LPN #1 was observed to carry her supplies into the resident's room and made a place for the supplies on the over the bed table. LPN #1 washed her hands, donned gloves, and placed paper towels down on the other end of the table after clearing a space and placed her supplies on the paper towels. LPN #1 placed a white towel under the resident's left foot, sprayed the open area on the resident's left outer ankle with wound cleanser and wiped the open area with the towel which she had placed under the resident's foot. LPN #1 changed her gloves, and applied Santyl onto the open area wound with her gloved right index finger. LPN #1 changed her gloves, applied a sterile gauze which she folded in half onto the wound, and wrapped the resident's wound area with Kerlix gauze. LPN #1 changed her gloves and secured the wrap with tape. LPN #1 bagged the trash papers, took the tape, and cleanser and left the room with the bag of trash and supplies and with 1 hand still gloved. LPN #1 returned to the resident's room, washed her hands, donned gloves, and cut the remainder of the extra Kerlix off with						

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	<p>the scissors which were not cleaned prior to or after use. LPN #1 dated the dressing.</p> <p>LPN #1 failed to wash her hands after removing her soiled gloves and before having donned clean gloves. LPN #1 failed to use a sterile gauze when wiping the wound cleanser off the open area. LPN #1 failed to use a sterile cotton tipped applicator to apply the medication to the wound. LPN #1 left the room with 1 soiled glove on and failed to wash her hands prior to leaving the resident's room. LPN #1 failed to cleanse the scissors with alcohol prior to use and after using.</p> <p>The resident's Pressure Ulcer Flowsheet indicated on 04/01/2011 the area on the left ankle to measure 1.5 cm. [centimeter] long x 1.2 cm. wide x < [less than] 0.2 cm. depth. The latest measurements documented on 06/08/2011 indicated the left ankle wound to measure 2.3 cm. x 2.3 cm. x 0.2 cm. with yellow wound bed, white-macerated wound edges and indicated the progress of the wound had deteriorated.</p> <p>The facility's Clean Dressing Change Procedure dated 9/05 indicated the purpose was "To protect open wounds from contamination, to absorb drainage, and to promote healing." The procedure</p>						

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	<p>indicated, "... Wash hands thoroughly... Place treatment chux or paper toweling on overbed table and treatment chux or protective liner under resident's wound area....Apply gloves and cleanse wound. Discard gloves in plastic bag...apply medication if prescribed, apply dressing and secure with tape...Discard all soiled dressings, disposable equipment, and gloves in plastic bag."</p> <p>An updated policy entitled Clean Dressing Change Procedure with revised date of 6/11 indicated to wash hands before applying clean gloves and after removing soiled gloves. The revised policy also included to wash hands thoroughly after discarding all soiled dressings, disposable equipment, and gloves in plastic bag.</p> <p>This federal tag relates to Complaint IN00091856.</p> <p>3.1-18(l)</p>						

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F0502 SS=D	<p>The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services.</p> <p>Based on interview and record review, the facility failed to follow up on physician ordered blood cultures labs for 1 of 3 residents reviewed for lab results and timeliness in a sample of 4. [Resident #B]</p> <p>Findings include:</p> <p>Resident #B's clinical record was reviewed on 06/13/2011 at 12:10 p.m. and indicated the resident was admitted to the facility on 01/31/2008 and had diagnoses which included, but were not limited to, cellulitis, right below the knee amputation, peripheral vascular disease, carotid stenosis, atrial fibrillation, and history of osteomyelitis of the left ankle and methicillin resistant staphylococcus aureus [MRSA].</p> <p>Physician notes dated 03/30/2011 indicated Resident #B had developed an "open sore" again over his left lateral left ankle. "He has had this before. Hx [History] staph osteomyelitis in past. I had tried to pursue a conservative approach to this before - and he even takes prophylactic Sulfa MD x 1 wk [week] each month...."</p>			F0502	<p>Resident # B was affected. Resident #B was not harmed. The physician and responsible party are aware of the resident's status. Although the blood cultures had not been drawn, the physician no longer wanted the blood cultures to be completed due to resident already being treated with antibiotics.</p> <p>All residents with laboratory orders have the potential to be affected. All current laboratory orders have been audited to ensure all labs have been obtained as ordered.</p> <p>All nurses were in-serviced on the facility's policy on Physician's Order Procedure on 6/20/11, (Attachment D). All lab orders will be transcribed onto a monthly calendar per unit. The Unit Manager or designee will review orders to ensure they have been transcribed to the calendar. They will then access the facility's online laboratory account to ensure that all scheduled labs have been completed and results received. The DON or designee will complete an audit tool, (Attachment E) daily on regularly scheduled days for 4 weeks, then twice weekly for 4 weeks, then weekly for 10 months to ensure labs are completed as ordered. Any findings and subsequent disciplinary action will be</p>		07/08/2011

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	<p>Physician notes dated 04/18/2011 indicated, "I looked at his (L) lat [lateral] ankle sore again today. The slough is gone, edges are granulating, but his lower leg is red c [with] obvious arterial insufficiency changes...."</p> <p>Physician notes dated 05/13/2011 indicated the resident had cellulitis and a peripherally inserted central catheter [PICC] line was to placed for intravenous vancomycin antibiotic.</p> <p>Physician orders dated 05/13/2011 indicated orders for a CBC [Complete Blood Count], BMP [Basic Metabolic Panel], and Blood Cultures times 2.</p> <p>The CBC and BMP were drawn on 05/20/2011 and results were called to the physician. The Blood Cultures times 2 could not be found in the clinical record.</p> <p>Interview with the Director of Nursing [DoN] on 06/14/2011 at 12:20 p.m. indicated the facility could not find the blood culture lab results, but indicated they were listed on the lab requisition. The DoN indicated the lab told her they did not have a requisition for the blood cultures. The DoN provided a copy of the lab requisition dated 05/17/2011 which had the blood cultures times 2 listed with</p>				<p>reviewed by the DON during the facility's Quality Assurance meetings and the plan of action adjusted accordingly. Completion date July 8, 2011</p>		

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	<p>the CBC and BMP. The DoN indicated the blood cultures had not been followed up on prior to inquiry on 06/14/2011 at 11:45 a.m..</p> <p>Interview with the Administrator on 06/14/2011 at 1:08 p.m. indicated it was the unit managers duty to follow up on the labs, but the DoN and Assistant Director of Nursing [ADoN] were picking up the pieces right now. The Administrator indicated he could not tell me why the blood cultures were not followed up on.</p> <p>The facility's policy titled Physician's Orders Procedure dated 9/05 indicated, "... Transcribe new orders on physician's T/O [Telephone Orders] form...Transcribe new order on MAR [Medication Administration Record] or TAR [Treatment Administration Record] as indicated. Follow order through to completion - make appointments, order labs, notify pharmacy, etc....Make a notation on the 24 hour conditions report so new order is passed on in report...."</p> <p>Physician notes dated 05/18/2011 indicated the left lateral ankle wound to perhaps be a little smaller and with exudate. The notes indicated the redness and possible cellulitis of the left lower leg and foot was probably no better and the physician questioned ischemia.</p>						

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	<p>The resident's Pressure Ulcer Flowsheet indicated on 04/01/2011 the area on the left ankle to measure 1.5 cm. [centimeters] long x 1.2 cm. wide x < [less than] 0.2 cm. depth. The latest measurements documented on 06/08/2011 indicated the left ankle wound to measure 2.3 cm. x 2.3 cm. x 0.2 cm. with yellow wound bed, white-macerated wound edges and indicated the progress of the wound had deteriorated.</p> <p>This federal tag relates to Complaint IN00091856.</p> <p>3.1-49(a)</p>						